A STATE OF THE STA		Lan a seri	Campleted	Done by
Date In: 10   0   18-14:24	Jcb description	Date &Time	Completed	Dolle oy
Rel No: NA   INCIRO 17144/24	SAS e-filing			
Veh No: 519354	E-mail (within Shrs, A	(C 2hrs)		
D.O.A: 19/9/8-19:30	i-Motor Claim Fo	rm . M7 1017	29-001 20 P	16108
OD (TP)! Reporting Only	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)		
OD (17) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey	Report		
17 hisurei.	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	
TP Particulars: Veh No:	1293VE	INC( )/Non-IN	C( ),	
Owner / Driver: (		Tel:		)
Policy No: ( )	Period: (	) Cover Type:	(	)
Confirmed by : (	Da	te: Tin	ie:	)
Insured/Driver Liability: ( %	(WO):	N: 0-20%; P: 21-79	%. F: 80-100%	6]
Year of Registration: ( )	Warranty: YES ( )/	NO( )		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)		
General Remarks;-	THE RESERVE OF THE PERSON OF T	NAME OF STREET		3
CONTRACTOR CONTRACTOR CONTRACTOR OF ACCUSED TO ACCUSE ACCUSED AND ACCUSED ACCU	The state of the s	The state of the s		
( ) Walk-In Customer: Customer's		ntial & Strictly NO rater	of repairer.	
( ) Total Loss Case : to e-mail In	surer URGENTLY.	**	.1	
Drive-In ( )/Towed-In ( ); Inv	oice: YES ( ) / NO (	); Towing Co: (	· (*	
		14.00	31 1 May 12 1	Done by
Remarks: (INC hotline: 6788 6610	A SA BASE STANDARD SANS A SANSON SANS	Date&Time 0	ompre su	W. STOCKO DA
1) Apply for Transport Allowance (	) / Courtesy Car ( )			
			MT	The state of the s
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:	( )	-		
3) Upload Resurvey Photo [Repair Cost:	( )			
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3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA(803976	( ) > \$3000] ( )	: Accident Reporting (530)	ANKAR2,977,1704	ALL STREET
3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA(803976	( ) > \$3000] ( ) Inv	R: Accident Reporting (530) A: Damage Assessment (\$100)	i i); INC (\$80)	fa Bill A
3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA(803976  laimant's Particulars:	( ) > \$3000] ( ) Inv 1) Al 2) D/ 3) TF	R: Accident Reporting (\$30) A: Darnage Assessment (\$100) E: Towing Fee	ANKAR2,977,170.0	TRBIII A
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Old (8039) 6  Injury:  Actions  NA(8039) 6  Inimant's Particulars:	( ) > \$3000] ( )  Inv 1) A1 2) D4 3) TF 4) F1 5) F1 F0	R: Accident Reporting (\$30) A: Damage Assessment (\$100) Towing Fee Follow-Through Survey Follow-Through Survey (Re	; 0); INC (\$80) \$40/\$45 \$120 survey) \$30 wef 10 Jan 2005)	Tribiii A
NA(803976 Injury:  Nations  Na	( ) > \$3000] ( )  Inv 1) A3 2) D4 3) TF 4) FT 5) FT Eq 6) TF	R: Accident Reporting (\$30) A: Damage Assessment (\$100) Towing Fee Follow-Through Survey Follow-Through Survey (Reporting against INC Only (\$100) Re-inspection	i b); INC (\$80) \$40/\$45 \$120 survey) \$30	TRBIII A
NA(803976 Injury:  Nations  Na	( )	R: Accident Reporting (\$30) A: Damage Assessment (\$100) Towing Fee Follow-Through Survey Follow-Through Survey (Re	; 0); INC (\$80) \$40/\$45 \$120 survey) \$30 wef 10 Jan 2005) \$75	TRBIII A
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

oforesaid.	and the second of the second o
	ACCIDENT STATEMENT
Date Of Report	20/09/2018 14:24
Date Of Accident	19/09/2018 19:30
Exact Location Of Accident	LENTOR AVE BEFORE JUNC YISHUN AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9305H
Insured/Policyholder	
Name Of Registered Owner	LEE RONG JIE
NRIC No	S8942979Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98152149
Alternative Phone No	OFFICE-98152149
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 SX MT D/AB 2DR SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087164926-01
Cover Note Number	
Driver	
Name of Driver	LEE RONG JIE (LI RONGJIE)
NRIC No	S8942979Z

27/11/1989 Date Of Birth INDOOR Occupation Date Of Driving Pass 16/03/2010

8 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98152149 Mobile Number

Fax Number

OFFICE-98152149 Contact Number

NOEMAIL EMail Address

Address BLK 605 YISHUN STREET 61

#13-313 760605

Postcode 760

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

7

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

ON STATED DATE AND TIME, AS I WANTED TO CHANGE FROM LANE 2 TO LANE 3, I SIGNAL MY VEHICLE LEFT INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. THERE WAS NO INCOMING VEHICLE SO I PROCEED ACCORDINGLY. WHEN I WAS HALFWAY DONE WITH THE LANE CHANGE, SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 3 AND HIT ONTO MY VEHICLE REAR LEFT PORTION. VEHICLE B CONTINUED ACCELERATING AFTER THE IMPACT AND SPED FORWARD FOR A DISTANCE BEFORE IT CAME TO A STOP.

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJZ932E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver YUVARANOI D/O RAMACHANDRA BALAN

NRIC/Passport Number S8303386Z

Contact Number

Address Postcode

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pefec	to	Hatement.	

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

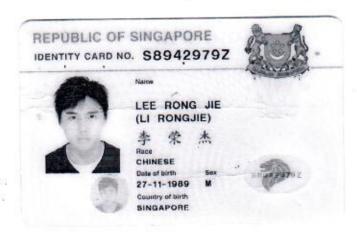
Driver's Signature (If driver is not the policyholder)

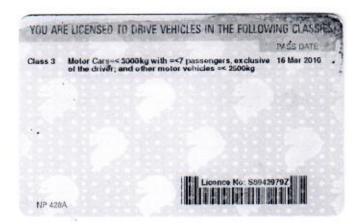
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









<b>eBao</b> Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		- Control Street			• Change	Language	+ Chang	e Password	• Log Ou
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	1	9/09/2018 1	9:30	
	Vehicle No. (For Motor)	SJU930	5H		Certifi	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	● 5087164926- 01		LEE RONG JIE	S8942979Z	GPC	drivo CLASSIC	SJU9305H	SJU9305H	05/01/2018	04/01/2019
					Continue	l				

Seque	nce Date of Endorser	nent	Endorseme	nt Type	Endorsement	t Status	Endorsement Content
♥ Endor	sements						00-50 3/8/8 (#1 Vo
) Insure	ed Object: SJU9305H						
Unit No.	13-313	Relat Num	ted Policy ber	5087164926-01			
Address 4	SINGAPORE 760605	Addr	ess Type	Singapore address		Post Code	760605
Address 1	BLK 605 #13-313	Addr	ess 2	YISHUN STREET 61		Address 3	NEE SOON CENTRAL MEADOW
Policy	holder Mailing Address						
Certificate Info							
Open Policy Info							
lo- nsurance Flag	No						
Agent	JMT INSURANCE AGENCY	Agent Tel.	96200140		GST Flag	Υ	
DD Excess	600	TP Excess	Č				
Outside Singapore	600	Outside Singapore	0			Young	/Inexperience Driver Excess
Additional excess	1500	OS Premium	0				
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype		All Claims Excess					
olicy ssue Date	03/01/2018	Effective Date	05/01/201	8 00:00	Expiry Date	04/01/2019 23	1:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 605 #13-313 YISHUN ST	REET 61 NEE SC	ON CENTRA	L MEADOWS SINGAPO	RE 760605		
Certificate lo.							
olicy No.	5087164926-01	Policyholder Name	LEE RONG	JIE	Policyholder NRIC	S8942979Z	

laim Handling					
cident MT/1012299					
olicy No.	5087184926-01	Vehicle No.	53U9305H	GST Registration No.	
ertificate No.					
olicyholder Name	LEE RONG SE			Policyholder NR1C	589429792
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	98152149	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	n. V
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
K	The second second		20	Private Hire	No
ID Protection	No	NCD Entitlement(%)	20	Finale rule	
Accident Details					
port Date	20/09/2018 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	19/09/2018	Time of Accident Nh:mm	19:30	Country of Accident	Singapore
porting Centre		Orange Force		SCM No.	
odent Location	LENTOR AVE BEPORE JUNC YISHUN	AVE 1			
Excess					
	95969	WWW.000.0020.000	0.2220		100.00
in damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
ird Party Excess	0.00	Outside Singapore TP 8xcess	0.00		
Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
Policyholder Mailing Ad	dress				
dress 1	BLK 605 #13-313	Address 2	YISHUN STREET 61	Address 3	NEE SOON CENTRAL MEADOWS
dress 4	SINGAPORE 760605	Address Type	Singapore address	Post Code	760605
it No.	13-317	Related Policy Number	5087164926-01		
	15-911	The series rooms in terreso	200,000,000		
OI Driver Info	and which the		Main Driver		
named driver Name	LEE RONG JIE	Driver Type Driver MRIC	58942979Z	Driver DOB	27/11/1989
gister Date of Driver License	16/03/2010	Driver Age	28	Driving Experience	
ntact No.(Mobile)	98152149	Contact No. (Office)	0	Contact No. (Home)	0
idress 1	BLK 605	Address 2	YISHUN STREET 61	Address 3	NEE SOON CENTRAL MEADOWS
odress 4	SINGAPORE 760605	Address Type	Singapore address	Post Code	760605
ne No.	13-313				
des he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes ® No	Driver venicle no.		biller stadiet containly	
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alm Type *	00-MX	Insured Name	LEE RONG JIE	Insured NRIC	307453135
ontact No.(Motile)	98152149	Contact No.(Home)		Contact No.(Office)	
nail Address		OI Vehide Number	SJU9305H	TP Vehicle Number	SJZ932E
aimant Type Claimant Type*	Please Select 💟	Type of Benefit *	Please Select		
emant Name *	>2	E Claimant NRIC *			
aimant Address		Nontroadanian			
	EN INTRELL / CANADAN CO. 10 C.	0.16		Name of Preferred Workshop	
aim Description	S3U9305H / S3Z93ZE ON 19 Sept 2			manne de Prenerred Workshop	
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quire Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	20/09/2018 16:08	Claim Close Date		Date Received	20/09/2018 00:00
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ccident No.	MT/1012299	Claim No.	001		
est Doc. Received	● Yes ○ No	Upload Date	20/09/2018 16:10		WOOD CO.
	Path. *		Category *	Confidential Urge	ncy * Description *
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		Brows		V Normal	
		Brows	Clear Please Select	♥ Normal	



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